

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY
Caption in Compliance with D.N.J. LBR 9004-2(c)

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In Re:
Mario L. Stanley

Case No.: 19-10869
Chapter: 13
Judge: JKS

NOTICE OF REQUEST FOR LOSS MITIGATION – BY THE DEBTOR

I am/ We are the debtor(s) in this case and hereby request loss mitigation with respect to:

Property address: 6 Carrington Place, Clifton, NJ 07013

Creditor is the holder of: ☒ first mortgage or ☐ second mortgage.

I/We will make adequate protection payments to the above creditor each month in the following amount during the loss mitigation period: See Loss Mitigation Program and Procedures, Section V.A.1.a and VII.B.

Creditor Select Portfolio Servicing Amount: \$ 1,525.26 Due date: 04/15/2019

☐ I/We request to be excused from using the Loss Mitigation Portal due to undue hardship as set forth in detail below:

I understand that if the court orders loss mitigation in this case I am required to comply with the Loss Mitigation Program and Procedures and will participate in good faith. I understand that Loss Mitigation is voluntary, and that I am not required to enter into any agreement or settlement with any other party as part of this Loss Mitigation, and understand that no other party is required to enter into any agreement or settlement with me. I also understand **that I am not required to request dismissal of this case** as part of any resolution or settlement that is offered or agreed to during the Loss Mitigation Period. **I also certify that the property in question consists only of real property in which I hold an interest used as a principal residence.**

Date: 03/15/2019

/s/Mario L. Stanley
Debtor

Date: _____

Joint Debtor (if any)

Debtor Information:

Print full name: Mario L. Stanley

Mailing address: 6 Carrington Place, Clifton, NJ 07013

Telephone number: _____

Email address (if any): _____

Debtor's Attorney Information:

Name: Camille J Kassar

Address: 271 Route 46 West Suite C-102 Fairfield, NJ 07004

Telephone number: 973-227-3296 Fax number: 973-860-2448

Email address (if any): Email: ckassar@locklawyers.com

Creditor Information: (if known)

Name: Select Portfolio Servicing

Address: Po Box 65250, Salt Lake City, UT 84165

Telephone number: _____ Fax number: _____

Email address (if any): _____

Creditor's Attorney Information: (if known)

Name: KML Law Group, P.C.

Address: 216 Haddon Ave, Ste 406, Westmont, NJ 08108

Telephone number: _____ Fax number: _____

Email address (if any): _____

Pursuant to Section V.A.1.a. of the Loss Mitigation Program and Procedures, the above named creditor has 14 days to file with the court, and serve on the debtor, debtor's attorney and trustee, an objection to this Request.

Revised 9/19/13